

# Illinois Electronic Health Record Provider Incentive Payment (EHR/PIP) Program Eligible Professional Patient Volume Calculation

1 a. Current Date:

b. 90 Day Period Start (must be within preceding calendar year to Box 1a)

c. 90 Day Period End (must be continuous from 90 Day Start Date)

d. Patient Volume Calculation source (ex. Practice Management System)

Eligible Professional (EP) must choose one Methodology (A or B)

EP must use Methodology (C or D) if practicing predominantly<sup>1</sup> in a FQHC/RHC

Individual patient volume may be aggregated from multiple practice sites<sup>2</sup>

## 2. Methodology A: Individual Patient Encounter

a. Individual Name:

b. Total Patient Medicaid Encounters<sup>3</sup> for the 90 day period

c. Title XIX Percentage by NPI (from HFS website: [www.hfs.illinois.gov/ehr/](http://www.hfs.illinois.gov/ehr/))

d. Total Patient Encounters for the 90 day period

e. Medicaid Patient Volume (b\*c) / d \* 100 =

### Practice Sites

Total	1	2	3
=	+	+	
=	+	+	

## 3. Methodology B: Total Group<sup>4</sup> Patient Volume Calculation as proxy for an EP

a. Group Name:

b. FEIN:

c. Total Group Patient Medicaid Encounters<sup>3</sup> for the 90 day period

d. Title XIX Percentage by County<sup>5</sup> (from HFS website: [www.hfs.illinois.gov/ehr/](http://www.hfs.illinois.gov/ehr/))

e. Total Group Patient Encounters for the 90 day period

f. Medicaid Patient Volume (c\*d) / e \* 100 =

### Group Practice Sites

Total	1	2	3
=	+	+	
=	+	+	

## 4. Methodology C: Individual Patient Volume Calculation for EPs practicing predominantly in a FQHC/RHC - Note that this methodology does not require factoring in the Title XIX percentage

a. Individual Name:

b. Total Medicaid patient encounters<sup>3</sup> for the 90 day period

c. Total No Cost Care patient encounters for the 90 day period

d. Total SCHIP patient encounters for the 90 day period

e. Total Reduced Cost<sup>6</sup> patient encounters for the 90 day period

f. Total Needy Individual Patients (b+c+d+e)

g. Total patient Encounters for the 90 day period

h. Medicaid Patient Volume (f/g) \* 100 =

### Clinic Sites

Total	1	2	3
=	+	+	
=	+	+	
=	+	+	
=	+	+	
=	+	+	

## 5. Methodology D: Total Group<sup>4</sup> Patient Volume Calculation as a proxy for an EP practicing predominantly in a FQHC/RHC- Note that this methodology does not require factoring in the Title XIX percentage

a. FQHC/RHC Name:

b. FEIN:

c. Total Group Medicaid patient encounters<sup>3</sup> for the 90 day period

d. Total Group No Cost Care patient encounters for the 90 day period

e. Total Group SCHIP patient encounters for the 90 day period

f. Total Group Reduced Cost<sup>6</sup> patient encounters for the 90 day period

g. Total Needy Individual Patients (c+d+e+f)

h. Total Group patient Encounters for the 90 day period

i. Medicaid Patient Volume (g/h) \* 100 =

### Group Clinic Sites

Total	1	2	3
=	+	+	
=	+	+	
=	+	+	
=	+	+	
=	+	+	

<sup>1</sup> Predominantly: 50% or more of total patient volume over a six month period is at a FQHC/RHC

<sup>2</sup> EP's may calculate patient volume from multiple practice sites/states, Groups must use entire group across sites of practice

<sup>3</sup> Medicaid Encounter: Services rendered to one person in one day where Medicaid paid for all or part of the service= 1

<sup>4</sup> Group: Please refer to the Group Patient examples

<sup>5</sup> The group must have a practice location in the county selected

<sup>6</sup> Reduced Cost: Cost reduced pursuant to patients ability to pay